

FORM LM-30  
**LABOR ORGANIZATION OFFICER AND  
EMPLOYEE REPORT**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>17074</u>	2. Fiscal Year Covered From: <u>1/1/04</u> Through: <u>12/31/04</u>
3. Name and address of person filing. Name <u>JOSEPH G CAUCCI JR.</u> P.O. Box, Bldg., Room No., if any _____ Street <u>173 VICTORIA AVE</u> City <u>MANTUA, N.J.</u> State <u>N.J.</u> ZIP Code + 4 <u>08051</u>	4. Name, file number, and address of labor organization. Name <u>CEMENT MASONS LOCALS</u> Labor Organization File Number <u>021294</u> P.O. Box, Building and Room Number, if any _____ Street <u>2511 SNYDER AVE</u> City <u>PHILADELPHIA</u> State <u>PA.</u> ZIP Code + 4 <u>19145</u>
5. Position in labor organization. <u>BUS REP.</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a. Nature of Interest, Transaction, or Income. _____ _____ _____ 7 b. Amount. _____ _____ _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>J. G. Caucci Jr.</u>	On <u>8/14/05</u> Date	<u>1800 221 7507</u> Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Cement Masons N & W Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2315 S 22nd St.

City Phila.

State PA. ZIP Code + 4 19145

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Cement Masons N & W Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2315 S. 22nd St.

City Phila.

State PA ZIP Code + 4 19145

11.a. Nature of such dealing.

year end review of funds

12/20/04

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

dividend / review

12.b. Amount

134.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐

or Consultant ☐

?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Chartwell Investment Partners

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 7233 West Lakes Drive S. 400

City Berwyn

State PA ZIP Code + 4 19312-24K

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Cement Mason's Benefit Funds

Trade Name, if any: L.U. 592

P.O. Box, Bldg., Room No., if any

Street 2315 S. 22nd St.

City Phil.

State PA ZIP Code + 4 19145

11.a. Nature of such dealing.

Provide information  
for Benefit Funds  
on 4-22-04

11.b. Approximate dollar value of such dealing. 49,916

12.a. Nature of interest held or income received.

Dinner -  
Review

12.b. Amount \$153.54

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street:

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Chartwell Investment Partners

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 7235 W. Lakes Dr. S. 400

City Berwyn

State PA. ZIP Code + 4 19312

9. Business deals with.

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Cement Mason Benefit Funds

Trade Name, if any: CU 592

P.O. Box, Bldg., Room No., if any

Street 2315 S. 22nd St.

City Phil.

State PA. ZIP Code + 4 19145

11.a. Nature of such dealing.

Provide Information  
on Benefit Funds  
on 11/64/04

11.b. Approximate dollar value of such dealing. 45,916.00

12.a. Nature of interest held or income received.

Dinner / Review

12.b. Amount 189.69

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Benefit Processing

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 20 BRACE RD. Suite 114

City Cherry Hill,

State N.J. ZIP Code + 4 08034 2635

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Cement Masons 699

Trade Name, if any: Trust fund

P.O. Box, Bldg., Room No., if any

Street 20 BRACE RD. Suite 114

City Cherry Hill

State N.J. ZIP Code + 4 08034

11.a. Nature of such dealing.

Christmas Basket

11.b. Approximate dollar value of such dealing. 62

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Lord Abbott

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

90 Hudson St.

City

Jersey City

State

N.J.

ZIP Code + 4

07302-3973

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Cement Mason's 592  
Benefits Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

2315 S. 22nd St.

City

Phila.

State

PA.

ZIP Code + 4

19145

11.a. Nature of such dealing.

Provide info for  
Benefit Fund.  
10-14-09

11.b. Approximate dollar value of such dealing. 108,627 yr.

12.a. Nature of interest held or income received.

Dinner / Review  
meeting  
10/14/09

12.b. Amount. ~~108,627~~ 130.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐

or Consultant ☐

?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Old Glory  
ASSET MANAGEMENT  
LLC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 5 GREAT VALLEY DR. SUITE 32C

City MALVERN, PA. 19355

State

ZIP Code + 4 19355

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name CEMENT MASON #592  
H&W FUNDS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2315 S. 22

City Phil.

State PA

ZIP Code + 4 19145

11.a. Nature of such dealing.

Dinner - Review

11.b. Approximate dollar value of such dealing.

68.00

12.a. Nature of interest held or income received.

12.b. Amount.

\$ 47,389

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐

or Consultant ☐

?

14.b. Amount of payment.